



# Muskogee City County 9-1-1 Request for Call Audio Recordings

Phone: 918-682-6911 ext 4. / Fax: 918-577-6934 / email: openrecords@mcc911.org

Address: 520 Court St. Muskogee, OK 74401

We provide radio and/or telephone recordings in accordance with applicable State and Federal open records and freedom of information laws. Recordings that contain patient protected information in accordance with HIPAA US Code 45 CFR 160-164 will not be released without authorization of release from Muskogee County EMS HIPAA compliance officer and /or a court order. We also maintain private without court order Criminal History, Drivers and license plate information in compliance with US Codes 18, 2721-2725, 42, 405(c)(2)(vii)(1) and Department of Justice Regulations, Title 28 C.F.R., Part 20. Once the information is turned over to requester it is the sole responsibility of the requesting entity and/or person to ensure that any such protected information obtained which is required to be kept confidential under law will be kept confidential and used only for the purposes that were allowed by Open Record, and FOIA Laws and/or order from a Court of Law. Muskogee City County 9-1-1 is not responsible for this information once it has left our custody.

**PLEASE FILL OUT QUESTIONS BELOW SO WE MAY FULFILL YOUR REQUEST IN A TIMELY MANNER. PLEASE PRINT LEGIBLY**

Date of Request: \_\_\_\_\_ Requested by: \_\_\_\_\_

Daytime contact phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date and approximate time of incident: DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. or P.M.

Nature of Incident: (auto crash, domestic, theft, fire, heart attack, etc) \_\_\_\_\_

Address of Incident(s): \_\_\_\_\_

Other Identifying information (Names, Vehicle descriptions) \_\_\_\_\_

Phone number which 9-1-1 call was made from if known: \_\_\_\_\_

Additional request: (explain: ) \_\_\_\_\_

All recordings will be emailed in a .wav file format. If this is not acceptable then recordings will be burned onto a CD, in that case requester will need to make arrangements to pick-up from the 9-1-1 Center. A fee of \$1.00 per CD may apply. (most recordings will fit on a single CD)

**To be completed by records custodian completing request**

**Date received:** \_\_\_\_\_ **Approved / Denied by:** \_\_\_\_\_

**Date/time of recording on recorder:** \_\_\_\_\_ **Date request complete:** \_\_\_\_\_

**Email file was sent to:** \_\_\_\_\_ **Date/time sent:** \_\_\_\_\_

**CD picked up by:** \_\_\_\_\_ **Date/time:** \_\_\_\_\_

**Unable to locate date:**  **Notice sent to requester Date/time:** \_\_\_\_\_

**Additional locate information obtained:** \_\_\_\_\_

**Was any portion redacted or was request denied because of privacy law exemptions, if so give what law caused exemption.**  
\_\_\_\_\_

**Person Completing request:** \_\_\_\_\_